

Respiratory Care Board of California

444 North 3rd Street, Suite 270, Sacramento, CA 95814

Telephone: (916) 323-9983 Toll Free: (866) 375-0386 Fax: (916) 323-9999





LICENSEE MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (B&PC) section 3758.5, if a licensee has knowledge that another person may be in violation of, or has violated, any of the statutes or regulations administered by the board, the licensee shall report this information to the board in writing and shall cooperate with the board in furnishing information or assistance as may be required. B&PC sections 2318, 3759 and Civil Code Section 43.8 states no person shall incur any civil penalty as a result of making any report required.

LICENSEE REPORTING INFORMATION

RCP LICENSE NUMBER RESIDENT ADDRESS							
BUSINESS NAME OR EMPLOYER							
TELEPHONE NUMBERS	Home: ()	Work: ()				
VIOLATION BEING REPORTED AGAINST							
FULL NAME							
RCP LICENSE NUMBER							
BUSINESS NAME OR EMPLOYER							
BUSINESS ADDRESS							
TELEPHONE NUMBERS	Home: ()	Work: ()				
VIOLATION TYPE							
Please mark the box that best describes the Use of controlled substances or alcohol Falsification of medical records Gross incompetence or negligence Unlicensed practice Other (please describe):		e violation committed: ☐ Unlawful sale of controlled substances or other prescription items ☐ Patient neglect, physical harm to a patient, or sexual contact with a patient ☐ Theft from patients, other employees, or the employer ☐ Arrested or convicted of a criminal offense					
WITNESS INFORMATION							
If there were any witnesses to the incident, please provide the following information.							
WITNESS NAME:		WITNESS NAME:		WITNESS NAME:			
TITLE:		TITLE:		TITLE:			
PHONE #:		PHONE #:		PHONE #:			
BUSINESS:		BUSINESS:		BUSINESS:			
ADDRESS:		ADDRESS:		ADDRESS:			

LOCATION AND DATE OF INCIDENT							
LOCATION OF INCIDENT	☐ Hospital	☐ Home	□ Other				
ADDRESS OF INCIDENT							
DATE(S) OF INCIDENT							
	DE0.0	DIDTION OF IN	JOIDENT				
DESCRIPTION OF INCIDENT							
INCIDENT REPORTED TO OTHER ENTITIES							
Was the incident reported to any	one else? If yes, pro	ovide name, phon	e number, date reported, and action taken.				
NAME:	NAME:		NAME:				
PHONE #:	PHONE	#:	PHONE #:				
DATE REPORTED:	DATE R	EPORTED:	DATE REPORTED:				
ACTION TAKEN:	ACTION	I TAKEN:	ACTION TAKEN:				
► Please attach any documents supporting your allegations.							
I certify that the foregoing statements made by me are true and any documents attached are true copies. I am aware that if any statements made by me are willingly false, I am subject to punishment.							
Signaturo			Data				
Signature			Date				